

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

10/534914

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		00000000				
9		00000000				
10		00000000				
11		00000000				
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17		00000000				
18		00000000				
19		00000000				
20		00000000				
21		00000000				
22		00000000				
23	1					
24		1				
25		1				
26		1				
27		2				
28		00000000				
29		00000000				
30		00000000				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	41	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						